	Case 2:0	CIA 20 APPOIN	NTMENT OF AND A 17-WKW SF EDDESENTED	UTHORITY T	O PAY COU	RT APPOIN	red counsel <del>-iled 10/0</del> Vouch	<del>5/2006</del>	Page	e 1 of 1
1. CIR.	/DIST./DIV. CODE	2. PERSON K.	EIRESERVED	W DC	Journal		" VOUCH	R NUMBEI	a i age	, 1 01 1
ALM Fountain 3. MAG. DKT./DEF. NUMBER			, Taramesha 4. DIST. DKT/DEF. NUMBER 2:06-000147-004		5. APPEALS DKT/DEF. NUMBER			6. OT	6. OTHER DKT. NUMBER	
				A CHARL DEDOCAL DEBDECENITED 1/2				FDDFCFNTA	TION TVPF	
7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGORY					9. TYPE PERSON REPRESENTED  Adult Defendant			1 (	10. REPRESENTATION TYPE (See Instructions) Criminal Case	
U.S. v. Mabson, et al Felony					Hadre Beremaan					isc
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section)  If more than one offense, list (up to five) major offenses charged, according to severity of offense.  1) 21 846=CD.F CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE										
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS HAMM, DANIEL G. 560 South McDonough Street Suite A MONTGOMERY AL 36104  Telephone Number: (334) 269-0269  14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instruction Daniel G. Hamm, Attorney At Law 560 South McDonald Street Suite A Montgomery AL 36104					13. COURT ORDER  X O Appointing Counsel F Subs For Federal Defender P Subs For Panel Attorney P Standby Counsel Prior Attorney's Name: Appointment Date:  Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name and at sin Item 12 is appointed to represent this person in this case,					
Character.	CATEGORIES (Attac	h itemization of	services with dates)	С	HOURS LAIMED	TOTAL AMOUNT CLAIMEI		ED A	TH/TECH DJUSTED MOUNT	ADDITIONAL REVIEW
15.	a. Arraignment and	/or Plea								
, t	b. Bail and Detention Hearings									
ı İ	c. Motion Hearings									
I	d. Trial									
n C	e. Sentencing Hearings									
0	f. Revocation Hearings g. Appeals Court									
u r										
t		ecify on additional sheets)								
ł	(Rate per hour = \$ ) TOTALS:									
<del>   </del>	(Rate per notif							e, in	· Jan Saya an	
16. O										
u t	b. Obtaining and reviewing records  c. Legal research and brief writing				<del></del>					
o f	d. Travel time									
C o u	e. Investigative and Other work (Specify on additional sheets)									
u r t						Marie Control of the				
	(Rate per hour			TALS:			tie stranner	V		
17.	Travel Expenses		ing, meals, mileage, e							
18.	Other Expenses		pert, transcripts, etc.							<del>                                     </del>
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERV					ICE	20. APPOIN	TMENT TERMIN ER THAN CASE C	ATION DATE OMPLETION		ASE DISPOSITION
22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment  Have you previously applied to the court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets.  I swear or affirm the truth or correctness of the above statements.										
	Signature of Attorney:					Date:				
		. 100 (0.08 114)	Wig 11	are to graduate the			tari kalendari da k Kalendari da kalendari d			
23.	IN COURT COMP. 24. OUT OF COURT COMP. 25. TR			25. TRAVI	EL EXPENSE	ES 26.	26. OTHER EXPENSES		27. TOTAL AMT. APPR / CERT	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER						DATE			28a. JUDGE / MAG. JUDGE CODE	
29.	IN COURT COMP.	31. TRAVI	EL EXPENSI	XPENSES 32. OTHER EXPENSES			33. TOTAL AMT. APPROVED			
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.  34a. J								34a. JUI	OGE CODE	